Samuel B. Laferty, 31,537

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION					
This declaration is of the following type: (check one applicable item below)					
☑ original	□ design	□supplemental			
☐ divisional	□ continuation	□ continuation-in-part (CIP)			
INVENTORSHIP IDENTIFICATION					
My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Title Of Invention: EMULSIFIED FUELS AND ENGINE OIL SYNERGY					
SPECIFICATION IDENTIFICATION					
the specification of which: (complete (a), or (b)					
number and title.		erein by name of inventor(s), attorney docket s Serial No or Express Mail (if applicable).			
ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.					
	POWER OF A	ATTORNEY			
		or agent(s) to prosecute this application and nark Office connected therewith. (List name			
Teresan W. Gilbert, 3 ⁻ Michael F. Esposito, 2	•	Jeffrey F. Munson, 45,705 David M. Shold, 31,664			

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Administrator - Mail Drop 022B
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Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number) Teresan W. Gilbert (440) 347-5072

E-mail: tgi@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first in	nventor <u>Deborah A. Lange</u>	r		
Deborah	A.	Langer		
(GIVEN NAME)	A(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)		
Inventor's signature	MA			
Date <u>8/22/03</u>	Country of Citizenship <u>United Sta</u>	ates of America		
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Post Office AddressC	hesterland, Ohio 44026			
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Ewa (GIVEN NAME)	MIDDLE INITIAL OR NAME)	Bardasz FAMILY (OR LAST NAME)		
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☐ This declaration ends with this page

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Inventor's signature	W. Dahl_	
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Full name of fourth joint inven-	tor, if any	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date Country	ry of Citizenship	
Residence		
Post Office Address		
CHECK PROPER BOXES FOR AN	IY OF THE FOLLOWING ADDED F OF THIS DECLARATION	PAGE(S) WHICH FORM A PART
	es to combined declaration continuation-in-part (CIP) app	
Num	ber of pages added	

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item